INFORMATION USE APPLICATION
For Electronic Access to Virginia Department of Motor Vehicle Records

THIS APPLICATION IS FOR ELECTRONIC ACCESS TO VIRGINIA DEPARTMENTOF MOTOR VEHICLES (DMV) DRIVER AND VEHICLE RECORDS ONLY.CONTACT DMV DIRECTLY FOR ALL OTHER TYPES OF ACCESS TO DMVRECORDS.

INSTRUCTIONS:

1. Use an ink pen or typewriter to complete the application.

2. Complete all applicable sections of the application. Be as specific as possible. If additional room is needed, attach additional pages. Please write N/A beside any section(s) or question(s) that do not apply to the applicant.

3. Have an authorized agent or representative of the applicant sign and date the application.

4. Mail complete applications and all supporting documents to:

> Virginia Interactive (VI)
> 1111 East Main Street, Suite 901
> Richmond, Virginia 23219

5. Unsigned or incomplete applications cannot be processed and will be returned to the applicant.

6. Applications with false, misleading, or otherwise deceptive information will not be processed and may be grounds for criminal prosecution.

7. A VI premium service subscription agreement must be completed and submitted along with the information use application.

SPECIAL APPLICATION NOTES AND PROVISIONS

♦ DMV IS CUSTODIAN OF DRIVER AND VEHICLE RECORDS FOR THE COMMONWEALTH OF VIRGINIA. PURSANT TO AN AGREEMENT BETWEEN DMV AND THE VIRGINIAINFORMATION PROVIDERS NETWORK AUTHORITY (VI), DMV HAS AUTHORIZED VI TO PROVIDE AUTHORIZED USERS ELECTRONIC ACCESS TO DMV RECORDS.

♦ EACH APPROVED APPLICANT MUST EXECUTE WITH VIPNET AN INFORMATION USEAGREEMENT THAT SPECIFIES THE REQUIREMENTS FOR AND RESTRICTIONS ONELECTRONIC ACCESS TO DMV RECORDS.

♦ THIS APPLICATION IS SUBJECT TO AMENDMENT BASED ON CHANGES IN STATE ORFEDERAL LAWS, RULES, AND REGULATIONS GOVERNING ACCESS AND USE OF DMVRECORDS.

♦ BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES TO ABIDE BY ALL LAWS, RULES, AND REGULATIONS GOVERNING THE USE AND DISSEMINATION OF INFORMATION CONTAINED IN DMV RECORDS. THE APPLICANT SHOULD BEFAMILIAR WITH: SECTIONS 2.1-377 THROUGH 2.1-386 AND 46.2-208 THROUGH 46.2-209 OF THE <u>CODE OF VIRGINIA</u>, THE FEDERAL FAIR CREDIT

REPORTING ACT, PUBLICLAW 91-508, AND SECTION 2721 OF THE FEDERAL DRIVER'S PRIVACY PROTECTION ACT OF 1994, PUBLIC LAW NUMBER 103-322.

♦ VIOLATION OF THE STATE LAWS CONCERNING USE OF DMV RECORDS IS PUNISHABLE AS A CLASS 4 MISDEMEANOR; VIOLATION OF FEDERAL PUBLIC LAW 91-508 IS PUNISHABLE BY UP TO A $5,000 FINE OR ONE YEAR IMPRISONMENT OR BOTH.

♦ IF APPROVED FOR ELECTRONIC ACCESS TO DMV RECORDS, APPLICANT WILL BESUBJECT TO REASONABLE INSPECTION AND/OR AUDIT TO ENSURE COMPLIANCEWITH THE TERMS AND PROVISIONS CONTAINED IN THE INFORMATION USEAGREEMENT EXECUTED WITH VI.

♦ THERE IS A $7.00 FEE FOR EACH DMV RECORD REQUESTED. VI MUST RECEIVEPAYMENT FOR RECORD REQUESTS BY THE 25TH OF EACH MONTH. PLEASE SPECIFYYOUR PREFERRED BILLING METHOD IN THE VI PREMIUM SERVICESUBSCRIPTION AGREEMENT.

INFORMATION USE APPLICATION

The information below is required by the State Comptroller for debt set-off collection purposes inaccordance with Code of Virginia Section 2.1-196.1, 2.1-731, and 2.1-734

Please print or type.

PART 1: USER/COMPANY INFORMATION	
User/Company Name:	Type of Business:
Social Security or Federal Identification Number:	
Address (Street or P.O. Box):	
City, State, Zip Code:	
Telephone Number:	
Facsimile Number:	
E-mail Address:	
Request Date:	

PART 2: TYPE OF INFORMATION REQUESTED
Please give a detailed description of the information that applicant is requesting (attach additional pages if necessary).

PART 3: STATED PURPOSE FOR REQUESTED INFORMATION
Please give a detailed description of the purpose(s) for applicant's access to the requested information (attach additional pages if necessary).

PART 4: INFORMATION DELIVERY METHOD
CHECK ALL BLOCKS THAT INDICATE HOW YOU WISH TO RECEIVE REQUESTED INFORMATION
☐ Request and receive information via electronic file transfer over the **INTERNET**
☐ Request and receive information via a Web-based interactive service over the **INTERNET**

PART 5: USER LIST

Please provide a list of all potential electronic access users and a description of the type access needed to obtain information (you may attach the list of names to the application).

Please advise if you currently use, or plan to use, a third party information service (provide name of information service below).

Name of Information System Contact Person:

Address (if different than applicant's address):

Contact Person's Title: Telephone Number:

PART 6: INFORMATION SECURITY

Attach a copy of a plan outlining the steps or methods the applicant will take to secure and protect the information requested in this application. Please be as thorough as possible.

Address the following issues:

> ➢ Security of files and/or copies of records
> ➢ Security of online computer terminals
> ➢ Security of VI-issued token security devices
> ➢ Designation of authorized users/assignment of access codes
> ➢ Proposed audit/management controls over access and dissemination of requested information

PART 7: VALIDATION OF USER NEED

Attach a copy of any documents supporting the applicant's need for the requested information and verifying the identity of the applicant.

Examples may include copies of the following:

- ➢ Business license or professional license
- ➢ Company charter, annual report, or financial statement
- ➢ Statement on company letterhead from the applicant user
- ➢ Other items validating the applicant's need explained in part 3 of the application

PART 8: CERTIFICATION

I, the undersigned, hereby certify that: 1) all information contained herein is true; 2) I am a duly authorized agent of the above applicant; and 3) I am authorized to make application to VI for an information use agreement for the purposes stated in this application

User/Company Name (print or type):	Request Date:
User/Company Representative's name (print or type)	Address (if different than in part 1)
User/Company Representative's Title (print or type)	
User/Company Representative's Signature	
User/Company Representative's Telephone Number	

VI USE ONLY

APPLICATION   Signature/Title/Date

☐ Approved

☐ Denied

_____
If Approved, list date Use Agreement mailed:

_____
If denied, give reason(s):